2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # F9700003914 MASTERS INTERNATIONAL INC. 02-26-2001 90500 027 ***150.00 Principal Place of Business Mailing Address 1905 S. FLORIDA AVENUE 1905 S. FLORIDA AVENUE LAKELAND FL 33803 lakeland fl 33803 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 13-3798020 City & State Not Applicable \$8.75 Additional Zip _ Zio _ _ _ --- Country - 🗻 🗝 --Country-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMIC, STEVE Street Address (P.O. Box Number is Not Acceptable) 1905 S. FLORIDA AVENUE LAKELAND FL 33803 Zip Code 8. The above partied entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2 26 01 MMU STEVE HAMIC SIGNATURE (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00:May:Be--After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE BHEDENKAMP, JOHN HURST GROVE SANGFORD LANE HURST AKELAND FL 33803 SEKSHIRE RG1005Q NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NGLAND Addition Change ☐ Delete TITLE LAWSON, MARK CRAWFORD HUKST GLOVE SANGFORD LANE BLAKESHIRE RG10050 BLAKESHIRE RG10050 NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP T9 Addition S. ☐ Delete TITLE Change TITLE DUVENAGE, STEPHANUS JOHANNES NAME NAME 1905 S. FLORIDA STREET ADDRESS STREET ADDRESS LAKELANO, FL 33803 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trootee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all prior like empowered.

STEPHANUS J. NUVENAGE

INTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01